

FILED APR 14 1943

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Laughlin Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days (Specify whether  
In this community not years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies  
(c) City or town Jamieson (If outside city or town limits, write "RURAL")  
(d) Street No. none (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME WALTER DAVIS JARRETT

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katherine Jarrett 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Dec. 6 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Davis County Indiana (City, town or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Legie Morris Jarrett

13. Birthplace Greenwood, Va. (City, town or county) (State or foreign country)

14. Maiden name Faulline Wynn

15. Birthplace Greentree Co. Pa. (City, town or county) (State or foreign country)

16. (a) Informant Mrs. J. R. Scott

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 3-14-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin, Mo.

18. (a) Signature of funeral director HOPE FURN. & UND. CO.

(b) Address Gallatin, Mo.

19. (a) 3/12/43 (b) Mrs. J. R. Wagoner (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb. 27 1943 to March 11 1943; that I last saw him alive on Mar 11 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostate Hypertrophy

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 137a

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Carl Laughlin (M. D. or other) D.O.

Address Franklin, Mo. Date signed 3/11/43

Duration 3 months  
2 yrs in urea  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 4-43-730  
Date Filed APR 13 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*L. O. Richesson*

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.